

EXHIBIT A

215017377

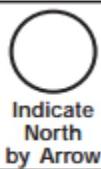
44445

**State of Nebraska
Investigator's Motor Vehicle Accident Report**
Sheet 1 of 2

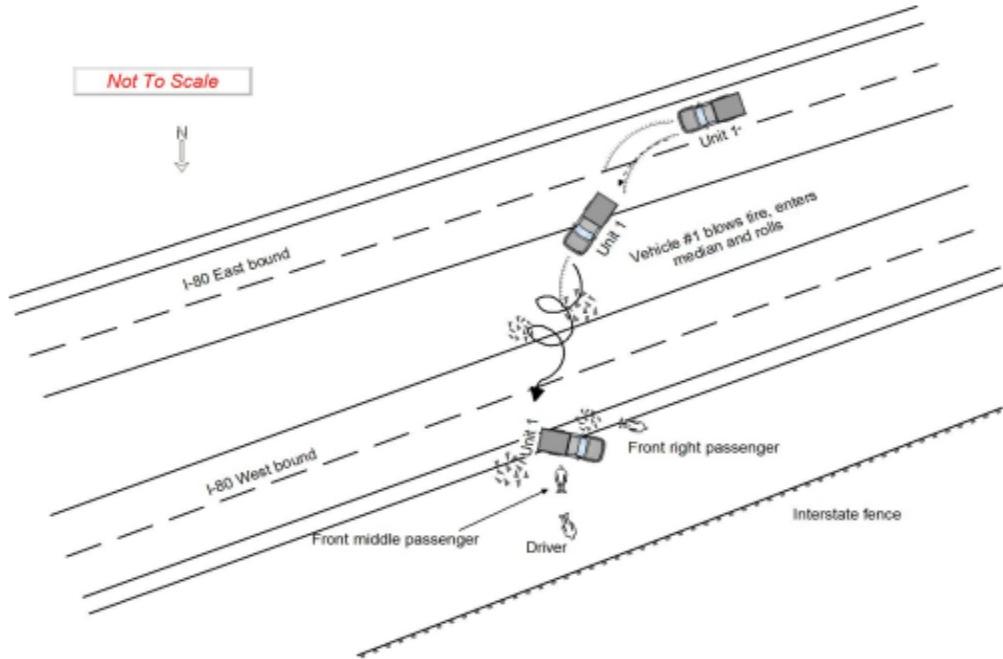
1	Total Number of Vehicles	Local No./District	Agency Case No.	C15-07916	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1					
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05/01/2015	S M T W TH F S	TIME OF ACCIDENT (In Military Time) 0657	STATE USE ONLY Amended CERTIFIED COPY RECD. <i>Rod A. L.</i> 05/06/2015							
A/2 01	PLACE OF ACCIDENT	COUNTY Hall		POLICE NOTIFIED 0700								
B	CITY			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO								
C 2	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. INTERSTATE 80		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE 40.724380							
D 1	DISTANCE FROM MILEPOST	FEET 2440	N S E W <input type="radio"/> N <input checked="" type="radio"/> X	OF MILEPOST 294.000	HIGHWAY NO. 80	LONGITUDE -98.681920						
IF AT INTERSECTION NAME OF INTERSECTING ROADWAY 3.00 FEET <input checked="" type="checkbox"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING SHELTON OVERPASS I-80												
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES 4.00 N S E W AND MILES 2.00 N S E W OF NEAREST CITY OR TOWN SHELTON												
E 1	R. WORK ZONE CODES R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO									
F 1	DRIVER LICENSE NO. H13702183					STATE (Of License) NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE					
V1/N 1	DRIVER LARRY R BLAIR	PHONE				LOCAL NO.						
V2/N	DRIVER ADDRESS 224 E 4TH ST, AXTELL, NE 68924	CITY, STATE, ZIP				DATE OF BIRTH (MM / DD / YYYY)	05/23/1973					
G 2	OWNER DANDEE CONSTRUCTION / DAN BUSER	PHONE 308-627-6660				LOCAL NO.						
H 3	LICENSE PLATE TE NO. 092396	YEAR (Plate Expires) 2015				STATE (Of Plate) NE						
V1/O 4	VEHICLE 2003	MAKE Chevrolet	MODEL SC1	BODY STYLE Pickup truck	COLOR blue	ESTIMATED DAMAGE <input checked="" type="checkbox"/> TOTLED \$						
V2/O	VEHICLE ID NO. (VIN) 1GCEC14X33Z115363					INSURANCE COMPANY FARM BUREAU						
I 1	TOWED TO GRAND ISLAND	TOWED BY KRAMER'S				POLICY NO. 0005CPP000197109	V1/1 06					
V1/P 7	DRIVER	PHONE				LOCAL NO.						
V2/P	DRIVER ADDRESS CITY, STATE, ZIP					DATE OF BIRTH (MM / DD / YYYY)	V1/2 09					
J 01	OWNER CITY, STATE, ZIP	PHONE				LOCAL NO.						
V1/Q 1	LICENSE PLATE NO.	YEAR (Plate Expires)				STATE (Of Plate)						
V2/Q	VEHICLE YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTLED \$						
K 01	VEHICLE ID NO. (VIN)					INSURANCE COMPANY	V1/3 01					
TOWED TO TOWED BY												
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. # 1	NAME LARRY R BLAIR 224 E. 4TH ST., AXTELL, NE 68924	ADDRESS				05/23/1973	01	3	01	2	2	M
	LOCAL NO.	MEDICAL FACILITY NAME Good Samaritan Hospital	EMS SERVICE NAME Wood River Rescue Unit				EMS RUN REPORT NO.					
VEH. # 1	NAME SHANE A LOVELAND 304 SHEPPARD AVE, HILDRETH, NE 68947	ADDRESS				04/01/1982	02	3	08	2	2	M
	LOCAL NO.	MEDICAL FACILITY NAME Good Samaritan Hospital	EMS SERVICE NAME Good Samaritan EMS				EMS RUN REPORT NO.					
VEH. # 1	NAME JACOB S SUMMERS 823 S. MAIN, WILBER, NE 68465	ADDRESS				12/03/1991	03	3	01	2	2	M
	LOCAL NO.	MEDICAL FACILITY NAME Good Samaritan Hospital	EMS SERVICE NAME Shelton Volunteer Fire & Rescue				EMS RUN REPORT NO. Susman000001					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
C15-07916

Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was east bound on I-80 near MM 294 when it blew a rear tire. Vehicle #1 crossed into the median and rolled. Vehicle #1 came to rest on the west bound shoulder. All three occupants of Vehicle #1 were ejected. Passengers #2 and #3 received serious injuries. A legal blood draw was taken from the driver of Vehicle #1. Drug use is suspected from all three occupants since methamphetamine was found at the scene. Kramer's towing removed Vehicle #1. All three occupants were transported to Good Samaritan Hospital in Kearney. Occupant #2 was taken by Air Care and eventually flown to Omaha.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE-\$				
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE-\$				
WITNESSES	NAME Rob Gibson		ADDRESS	PHONE 402-499-5550					
	NAME Mary K Gibson		ADDRESS	PHONE 402-432-0171					
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPANTS	VEH 1	3	VEH 2
VEH NO.	N S E W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2					
1	X	INTERSTATE 8	POINT OF IMPACT 09	POINT OF IMPACT 11	4 5 4	1 1 1			
2			MOST DAMAGED AREA	MOST DAMAGED AREA	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				
1 01	06 Turning left 07 Making U-turn 08 Entering traffic lane	09 Leaving traffic lane	00 None	02 03 04					
2			09 Top & windows	-					
01 Essentially straight ahead	08 Entering traffic lane	10 Parked	10 Undercarriage	01 05					
02 Backing	11 Slowing or stopped in traffic	11 Total (all areas)							
03 Changing lanes	12 Other	12 Other	08 07 06						
04 Overtaking/Passing									
05 Turning right									
OFFICER NO.	510	TROOP/TEAM/BEAT	DEPARTMENT	Nebraska State Patrol				Photographs YES taken?	NO
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE					Susman	00000026/2015
Joe Flasnack			Approved by Joel Bergman						